

IMPACT OF HIV/AIDS IN NEPAL

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Already on the bottom of the scale in social, economic and health indicators, a full blown AIDS epidemic in Nepal would be devastating. And yet, the groups most at risk (prostitutes, migrants), and the conditions that lead to AIDS (tourism, poverty), are all present in Nepal.

The other striking aspects in Nepal's confrontation with the AIDS syndrome are the lack of data, and the Government's almost complete inability to tackle the problem.

...The conditions exist for the rapid spread of AIDS throughout Nepal in the coming years. This spread will have a severe impact on the economy of the country as the health of the population deteriorates.

...Two things are relevant when discussing the possible impact of an AIDS epidemic.

One is that, even if there is such an AIDS epidemic, its incidence and its contribution to morbidity and mortality will be difficult to assess, given the absence of reliable surveillance data, the prevalence of malnutrition and infectious diseases, and the lack of diagnostic facilities. People in the remote villages of Nepal may die of this syndrome without anyone even suspecting that they suffered from it. The most common manifestations of AIDS are likely to be similar to malnutrition and the symptoms of tuberculosis and pneumonia. The other significant aspect relating to the spread of AIDS in Nepal is that poverty is the root cause of the problem of AIDS. Migration and prostitution, two processes that expose the Nepali population to the HIV virus, are both the result of an attempt at poverty alleviation.

For a long time, poor people in the hills have turned to India as a source of employment opportunities, and they continue to do so. AIDS is spreading rapidly in India, and the historical open border between Nepal and India means the AIDS virus can enter the country without any barrier.

Nepal's overwhelming reliance on tourism for foreign exchange also increases the possibility of easy access for the virus. Nepal has direct links (through sex workers and businessmen) with the two cities with highest and second highest prevalence of HIV infection in Asia -- Bangkok and Bombay.

An additional problem which relates to the mode of entry peculiar to Nepal is that, carried by sex workers and migrant workers, the virus enters the country and spreads with maximum efficiency to those very areas which are most poverty-stricken and, by definition, the least serviced by public health institutions.

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Advent of AIDS

The first cases of AIDS recorded in Nepal occurred in 1986 among Western tourists and women who returned from brothels in Indian cities. HIV infection rose slowly, mostly among women who had returned from the brothels. There were very few infections among Nepali men until 1990. The male-to-female rate among these carriers is almost one-to-one, and many indigenous transmissions have occurred. This shows that the AIDS virus has already entered the country and that the disease will spread. Local prostitutes, who have never travelled outside the country, have been identified as carrying the virus. It is hazardous to extrapolate from these data, because they are not based on surveillance. The information we can gather is that the theoretical identification of risk-groups is correct: sex workers, migrant workers, travellers to South East Asian cities, intravenous drug users, tourism workers and blood recipients - on a descending scale - have been shown to be infected. It is clear that these are the people at risk. This does not, however, mean that the general population is safe.

Methods of entry

Perhaps the major source of HIV entry into Nepal is via the more than 100,000 Nepali girls who are in Indian brothels. In Bombay alone, it is estimated that there are 45,000 Nepali girls in the red light districts, amongst the approximately 100,000 sex workers. Being of fairer skin and some with Oriental features, Nepali girls are more "popular", which increases the likelihood of infection. The HIV infection rate in brothels in Bombay, according to the Indian Health Organisation, is 30%.... However, no systematic studies have been done in Bombay either, and it is difficult to get a more precise estimate of numbers.

Tests carried out on nearly 2,000 women [sic] working in Bombay's red light areas between September 1986 and January 1990 revealed a rapid increase in HIV infection - from very few women initially, to almost one quarter.

Brothel keepers, health and police authorities in India deport sex workers found to carry the virus. Thus if the HIV infection rates among sex workers in Bombay is what it is said to be, there will be about 13,500 HIV infected Nepali girls, not counting those in the other brothels all over India. Sooner or later these women will come back to Nepal. In the absence of alternative employment, most of the sex workers will continue their trade once returned.

A second population at risk is made up of at least 300,000 seasonal migrant laborers, most of them male, who have traditionally sought work in urban centers all over India. Alone, without a family, these young and not-so-young men seek comfort and entertainment in brothels - many frequent Nepali sex workers. Migrant labourers have always brought back sexually transmitted

diseases to the Nepali hills - STDs are referred to as the "Bombay diseases" - and there is no doubt that the virus is now carried along with other STDs across the Nepalese hills.

A third source of HIV entry is via businessmen travelling to Bangkok and Hong Kong, as well as through those engaged as couriers (known locally as "porters") in the lucrative smuggling trade between South East Asia and Nepal. Both groups use the open sex markets, particularly in Bangkok, which has the highest incidence of AIDS in Asia. Over the course of the past five years, therefore, no less than 25,000 Nepalis have been exposed to the virus.

Migrant workers that have swarmed to Kathmandu over the past five years make up the fourth group vulnerable to HIV infection. A recent phenomenon of significance to the Nepalese economy has been the rise in rug manufacture for export, primarily to Europe. Hand-knotted "Tibetan carpets" have overtaken tourism as the major source of foreign currency. This industry is concentrated in Kathmandu and requires large numbers of cheap workers. The attractions of a cash income have lured about 200,000 Nepali peasants from the hills, mostly young women and children valued for their deft fingers. The problems here are very similar to those faced by Nepali migrants in India, and conditions for the spread of HIV through prostitution and promiscuity abound.

People working in the tourism industry are also at risk of HIV infection. Nearly 300,000 tourists arrive every year, and about a third of them participate in "adventure tourism" such as rafting, safaris and trekking. This brings tourists into close contact with Nepali service personnel over long periods.

Governmental response

In 1988, the government set up an ambitious AIDS Prevention and Control Project, with assistance from WHO. The program was to run for three years and had a budget of nearly US \$2 million. The three years have come and gone but little has been done. Testing for HIV infection was the major focus but still less than 50,000 people have been tested so far. Much of the budget was not used, and was allowed to lapse.

The vital importance of appropriate public information at the early stages of the AIDS onset in a society has not been understood and acted upon. For a country as open to an AIDS invasion as Nepal is, there is negligence at the political level as well, which partly explains why the health bureaucracy has treated the subject with marked casualness. In the last survey one and a half years ago, there were no HIV infections among the Badi (the traditional prostitutes), although the STD prevalence rate neared 70%. There have been no attempts to test these women's HIV status.

The AIDS Prevention and Control Project is currently in its second phase, which lasts for two years (1992-1993).... Even as the threat

of AIDS looms larger than ever, however, its budget has been slashed to US \$167,000.

...In the absence of the most basic information regarding the spread of HIV in Nepal, it is not possible to quantify the impact upon the national economy. However, it is time to start coordinated nation-wide public information programme urgently, to set up curative facilities, and to provide support systems for victims as well as for their families. The few identified AIDS victims have not received proper treatment, which does not bode well for voluntary disclosures in the future....